MAY 2 4 2004

PART B - FEE(S) TRANSMITTAL

Complete nd send this form, together with applicable fee(s), to: Mail

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(703) 746-4000

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(Depositor's name)	8-a	Rre	Deborah	
(Signature)	Trans	rah	ha	
(Date)	- 0	2004	May	

APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/001,489 10/23/2001 0152.00420 3233

TITLE OF INVENTION: SAMPLE PRECONCENTRATION TUBES WITH SOL-GEL SURFACE COATINGS AND/OR SOL-GEL MONOLITHIC BEDS

APPLN, TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEB(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300		\$965	05/24/2004
ÉXAM	INER	ART UN	IT	CLASS-SUBCLASS	7	
THERKORN, ERNEST G		1723		210-656000	_	
I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) anached.  D "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47: Rev 03-02 or more recent) anached. Use of a Customer Number is required.			names of agents Of firm (hav agent) an	nting on the patent front page up to 3 registered patent R alternatively, (2) the name ing as a member a registered d the names of up to 2 regist or agents. If no name is lists	anomeys or 1 Ronald of a single anomey or 2 Smith stered parent	E. Smith & Hopen, P.A

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the parent, Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE

University of South Florida

Tampa, Florida

4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):		corporation or other private group entity		
🔀 Issue Fee	A check in the amount of the fee(s) is enclosed.				
🙎 Publication Fee	2 Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # of Copies	D The Director is hereby authorized by charge the required fee(s), or credit any overpayment.     Deposit Account Number (enclose an extra copy of this form).				
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NOTE: The Issue Fee and Publication Fee (if required) will other than the applicant; a registered anomey or agent; or	Date) 05/07/2004  not be accepted from anyone the assignee or other party in	05/25/2004 f	NUDNDAF2 00000039 10001489		
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PTOL-85 (Rev. 11/03) Approved for use through 04/30/2004.

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To:	U.S. P	atent & Tradema	rk Office	From:	Ronald E. Smith	
Attn:	Mail :	Stop Issue Fee		Client:	1372.214.PRC	
Fax:	(703)	746-4000		Pages:	4 including covers	heet
Phone:				Date:	May 24, 2004	
Re:	USSN	10/001,489		CC:	University of South	Fiorida (Assignee)
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#### Dear Sir or Madam:

In response to the Notice of Allowance mailed February 24, 2004, we enclose the following:

- 1) Transmittal of Payment of Issue Fee with Certificate of Facsimile Transmission under 37 CFR 1.8(a) dated May 24, 2004 (1 page);
- 2) Form PTOL-85B (1 page); and
- 3) Credit Card Payment Form PTO-2038 in the amount of \$965.00 (1 page).

Very respectfully.

Ronald E. Smith

Reg. No. 28,761

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MADEMAR

Practitioner's Docket No: 1372.214.PRC

**PATENT** 

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Abdul Malik et al.

Serial No.: 10/001,489 )

Serial No.: 10/001,489 ) Art Unit: 1723 ) Examiner: Ernest G. Therkom

Filed: 10/23/2001 ) Confirmation No. 3233

For: Sample Preconcentration Tubes with Sol-Gel

Surface Coatings and/or Sol-Gel Monolithic Beds

Faxed to (703) 746-4000 Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

### TRANSMITTAL OF PAYMENT OF ISSUE FEE (37 C.F.R. 1.311)

1. Applicant hereby pays the issue publication fees for the attached Issue Fee Transmittal PTOL-85.

2. Fee (37 C.F.R. 1.18(a) and (d)):

Regular

Application status is Small Entity—fee:

\$965.00

3. Payment of fee:

Reg. No. 28,761

Tel. No.: (727) 507-8558

Enclosed please find Credit Card Payment Form PTO-2038 for \$965.00

SIGNATURE OF PRACTITIONER

Ronald E. Smith

Suite 220

15950 Bay Vista Drive Clearwater, FL 33760

CERTIFICATE OF FACSIMILE TRANSMISSION (37 C.F.R. 1.8(a))

I HEREBY CERTIFY that this correspondence and payment is being transmitted to the United States Patent and Trademark Office by facsimile to (703) 746-4000 on May 24, 2004.

Dated: May 24, 2004

Deborah Preza